

# Peer Review Plan

## Tentative Assessment

Title of the Review: \_\_\_\_\_

Agency Contact: \_\_\_\_\_

Office or Center: \_\_\_\_\_

Subject of the Review: \_\_\_\_\_

Purpose of the Review: \_\_\_\_\_

Type of Review: ☐ Individual Reviews (Letter Review) ☐ Panel Review

☐ Alternative Process (Briefly Explain):

\_\_\_\_\_  
\_\_\_\_\_

Timing of Review: \_\_\_\_\_

Number of Reviewers: ☐ 3 or less ☐ 4 to 10 ☐ More than 10

Primary Disciplines/Types of Expertise of Reviewers: \_\_\_\_\_

Reviewers Selected by: ☐ Agency ☐ Designated Outside Organization

Public Nominations Requested for Review Panel: ☐ Yes ☐ No

Opportunities for the Public to Comment: ☐ Yes ☐ No

If yes, briefly state how and when will these opportunities be provided:

\_\_\_\_\_  
\_\_\_\_\_

Peer Reviewers Provided with Public Comments: ☐ Yes ☐ No

